

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

12-006

2. STATE

Pennsylvania

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)
Title XIX

4. PROPOSED EFFECTIVE DATE

January 3, 2012

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.120

7. FEDERAL BUDGET IMPACT:

a. FFY 2012 ~~(\$26,476,867)~~ (\$ 8,600,000)
b. FFY 2013 ~~(\$34,101,994)~~ (\$ 11,253,655)

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

Attachment 3.1A, Page 5ec
Attachment 3.1A, Page 5ed

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION

OR ATTACHMENT (If Applicable):

Attachment 3.1A, Page 5ec

10. SUBJECT OF AMENDMENT:

Pharmacy Benefit Limits for Adult Categorically Needy Recipients

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Review and approval authority has
been delegated to the Department of
Public Welfare

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Gary D. Alexander

14. TITLE:
Secretary of Public Welfare

15. DATE SUBMITTED:

MAR 29 2012

16. RETURN TO:

Commonwealth of Pennsylvania
Department of Public Welfare
Office of Medical Assistance Programs
Bureau of Policy, Analysis and Planning
P.O. Box 8046
Harrisburg, Pennsylvania 17105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

03/29/12

18. DATE APPROVED:

12/12/12

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

11/3/2013

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

FRANCIS McCullough

22. TITLE:

Associate Regional Administrator - DMCH

23. REMARKS:

9-26-12 - Pen and Ink (P+I) changes authorized by State for block
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11-1-12 - Pen and Ink (P+I) changes authorized by State for block
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